

**Fill in this information to identify the case:**

Debtor Name \_\_\_\_\_

United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_

Case number: \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 425C****Monthly Operating Report for Small Business Under Chapter 11****12/17**

Month: \_\_\_\_\_

Date report filed: \_\_\_\_\_

MM / DD / YYYY

Line of business: \_\_\_\_\_

NAISC code: \_\_\_\_\_

**In accordance with title 28, section 1746, of the United States Code, I declare under penalty of perjury that I have examined the following small business monthly operating report and the accompanying attachments and, to the best of my knowledge, these documents are true, correct, and complete.**

Responsible party: \_\_\_\_\_

Original signature of responsible party \_\_\_\_\_

Printed name of responsible party \_\_\_\_\_

**1. Questionnaire**

Answer all questions on behalf of the debtor for the period covered by this report, unless otherwise indicated.

Yes	No	N/A
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**If you answer No to any of the questions in lines 1-9, attach an explanation and label it Exhibit A.**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Did the business operate during the entire reporting period?                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you plan to continue to operate the business next month?                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you paid all of your bills on time?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did you pay your employees on time?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you deposited all the receipts for your business into debtor in possession (DIP) accounts? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you timely filed your tax returns and paid all of your taxes?                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you timely filed all other required government filings?                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you current on your quarterly fee payments to the U.S. Trustee or Bankruptcy Administrator? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you timely paid all of your insurance premiums?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**If you answer Yes to any of the questions in lines 10-18, attach an explanation and label it Exhibit B.**

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 10. Do you have any bank accounts open other than the DIP accounts?                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you sold any assets other than inventory?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you sold or transferred any assets or provided services to anyone related to the DIP in any way? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Did any insurance company cancel your policy?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Did you have any unusual or significant unanticipated expenses?                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you borrowed money from anyone or has anyone made any payments on your behalf?                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Has anyone made an investment in your business?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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Case number \_\_\_\_\_

17. Have you paid any bills you owed before you filed bankruptcy? ☐ ☐ ☐
18. Have you allowed any checks to clear the bank that were issued before you filed bankruptcy? ☐ ☐ ☐

## 2. Summary of Cash Activity for All Accounts

**19. Total opening balance of all accounts**

This amount must equal what you reported as the cash on hand at the end of the month in the previous month. If this is your first report, report the total cash on hand as of the date of the filing of this case.

\$ \_\_\_\_\_

**20. Total cash receipts**

Attach a listing of all cash received for the month and label it *Exhibit C*. Include all cash received even if you have not deposited it at the bank, collections on receivables, credit card deposits, cash received from other parties, or loans, gifts, or payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit C*.

Report the total from *Exhibit C* here.

\$ \_\_\_\_\_

**21. Total cash disbursements**

Attach a listing of all payments you made in the month and label it *Exhibit D*. List the date paid, payee, purpose, and amount. Include all cash payments, debit card transactions, checks issued even if they have not cleared the bank, outstanding checks issued before the bankruptcy was filed that were allowed to clear this month, and payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit D*.

Report the total from *Exhibit D* here.

- \$ \_\_\_\_\_

**22. Net cash flow**

Subtract line 21 from line 20 and report the result here.

This amount may be different from what you may have calculated as *net profit*.

+ \$ \_\_\_\_\_

**23. Cash on hand at the end of the month**

Add line 22 + line 19. Report the result here.

Report this figure as the *cash on hand at the beginning of the month* on your next operating report.

This amount may not match your bank account balance because you may have outstanding checks that have not cleared the bank or deposits in transit.

= \$ \_\_\_\_\_

## 3. Unpaid Bills

Attach a list of all debts (including taxes) which you have incurred since the date you filed bankruptcy but have not paid. Label it *Exhibit E*. Include the date the debt was incurred, who is owed the money, the purpose of the debt, and when the debt is due. Report the total from *Exhibit E* here.

**24. Total payables**

(*Exhibit E*)

\$ \_\_\_\_\_

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#### 4. Money Owed to You

Attach a list of all amounts owed to you by your customers for work you have done or merchandise you have sold. Include amounts owed to you both before, and after you filed bankruptcy. Label it *Exhibit F*. Identify who owes you money, how much is owed, and when payment is due. Report the total from *Exhibit F* here.

25. **Total receivables** \$ \_\_\_\_\_  
(*Exhibit F*)

#### 5. Employees

26. What was the number of employees when the case was filed? \_\_\_\_\_  
27. What is the number of employees as of the date of this monthly report? \_\_\_\_\_

#### 6. Professional Fees

28. How much have you paid this month in professional fees related to this bankruptcy case? \$ \_\_\_\_\_  
29. How much have you paid in professional fees related to this bankruptcy case since the case was filed? \$ \_\_\_\_\_  
30. How much have you paid this month in other professional fees? \$ \_\_\_\_\_  
31. How much have you paid in total other professional fees since filing the case? \$ \_\_\_\_\_

#### 7. Projections

Compare your actual cash receipts and disbursements to what you projected in the previous month. Projected figures in the first month should match those provided at the initial debtor interview, if any.

	Column A		Column B		Column C
	<b>Projected</b>	—	<b>Actual</b>	=	<b>Difference</b>
	Copy lines 35-37 from the previous month's report.		Copy lines 20-22 of this report.		Subtract Column B from Column A.
32. <b>Cash receipts</b>	\$ _____	—	\$ _____	=	\$ _____
33. <b>Cash disbursements</b>	\$ _____	—	\$ _____	=	\$ _____
34. <b>Net cash flow</b>	\$ _____	—	\$ _____	=	\$ _____
35. Total projected cash receipts for the next month:					\$ _____
36. Total projected cash disbursements for the next month:					— \$ _____
37. Total projected net cash flow for the next month:					= \$ _____

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## **8. Additional Information**

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If available, check the box to the left and attach copies of the following documents.

- ☐ 38. Bank statements for each open account (redact all but the last 4 digits of account numbers).
- ☐ 39. Bank reconciliation reports for each account.
- ☐ 40. Financial reports such as an income statement (profit & loss) and/or balance sheet.
- ☐ 41. Budget, projection, or forecast reports.
- ☐ 42. Project, job costing, or work-in-progress reports.

## BUSINESS ANALYZED CHECKING

Statement Period:

August 01, 2020

August 31, 2020

Account Number:

XXX-XXX9-5864

000000-  
00375-001

JOHN BARRETT INC  
333 WEST 56TH STREET  
9TH FL  
NEW YORK, NY 10019

At Your Service:

24-Hour Automated Banking System

(800) 392-1407

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## NEWS FROM FIRST REPUBLIC

Updated Business Products Terms and Conditions: Effective June 1 2020, some of the terms of service for our Business Products are changing. Revised service agreements can be found at [firstrepublic.com](http://firstrepublic.com) by searching for the Business Products booklet in PDF format or by contacting your Banker. Please note: Continued use of the Services constitutes consent to the updates.

## ACCOUNT SUMMARY

XXX-XXX9-5864

Beginning Balance	\$120,093.80	Average Daily Balance	\$120,093.80
Total Deposits and Credits	\$0.00	Minimum Balance	\$120,093.80
Total Withdrawals and Debits	\$0.00	Service Charges	\$0.00
Total Checks Paid	\$0.00	Interest Paid This Period	\$0.00
<b>Ending Balance</b>	<b>\$120,093.80</b>	Interest Year to Date	\$0.00

## MESSAGE

If you receive a call, text or email from a First Republic representative requesting the verification of your password, user ID, PIN, 3-digit CVV number, account number, card number or any other personal information, and you wish to validate the authenticity of the request, please hang up and contact our Client Care Center at (888) 408-0288..



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1. Go through your register and mark each check, withdrawal, ATM card transaction, payment, deposit, or other credit listed on this statement. Be sure your register shows any interest paid into your account and any service charges, automatic payments or transfers withdrawn from your account during this statement period.
2. Using the chart below, list any outstanding checks, ATM withdrawals, purchases made with your ATM card, or any other withdrawals (including any from previous months) which are listed on your register but are not shown on this statement.
3. Balance your account by filling in the spaces below.

[illegible]

ENTER:

The Ending Balance as shown on  
this Statement

\$ \_\_\_\_\_

ADD:

Any deposits listed

\$ \_\_\_\_\_

in your register or

\$ \_\_\_\_\_

transfers into your

\$ \_\_\_\_\_

account which are not

\$ \_\_\_\_\_

shown on this statement

\$ \_\_\_\_\_

TOTAL + \$ \_\_\_\_\_

### CALCULATE THE SUBTOTAL

\$ \_\_\_\_\_

SUBTRACT:

The total outstanding checks and withdrawals from the chart at left

— \$ \_\_\_\_\_

### CALCULATE THE CURRENT BALANCE

This amount should be the same as the current balance shown in your check register

\$

## IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUND TRANSFERS

Please call us at (888) 408-0288 or write us at First Republic Bank, 111 Pine Street, San Francisco, CA 94111 immediately if you believe there is an error on your statement or transaction receipt, or if you need more information about an electronic transaction listed on the statement or receipt. When you call or write us:

1. Tell us your name and account number or ATM Card or ATM/Debit Card number.
2. As clearly as you can, describe the error or the transaction you are unsure about, and explain why you believe there is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

For personal accounts only: You must report the suspected error to us no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. We will investigate your question(s) and will correct any error promptly. If our investigation takes longer than 10 business days (or 20 business days for new accounts), we will temporarily credit your account for the amount you believe is in error, so that you will have use of the money until our investigation is completed.

**For First Republic's 24-hour Automated Banking System, please call 1-800-392-1407.**